

SF005/#192

STRATEGY FOR MIS UTERINE MANIPULATION IN CERVICAL CARCINOSARCOMA

¹M Simonsen*, ²B Migliavacca, ¹A Teixeira, ²P Doria, ²F Asanuma, ²A Santiago, ¹A Ferreira, ¹M Lanoni, ³I De andrade, ³L Silva, ³B Fernandes, ³M De Mello Amaral, ¹M Samora. ¹Hospital 9 de Julho, Gynecologic Oncology, São Paulo, Brazil; ²Hospital 9 de Julho, Gynecology, São Paulo, Brazil; ³AMSPE, Gynecology, São Paulo, Brazil

10.1136/ijgc-2021-IGCS.49

Introduction Uterine manipulation could be associated with worst outcomes even in endometrial cancer, as suggested recently. In this video we demonstrated simple techniques to overcome the potential tumor spillage during uterine manipulation.

Description LAGOH 57 yo had a low differentiated adenocarcinoma involving uterine isthmus with 5,1 x 6,4cm with endometrial, cervical and right parametrial involvement. Pathologic report suggested an endometrial origin of the tumor. We proposed to do a radical hysterectomy and retroperitoneal lymph node dissection. Our team offered to the patient minimally invasive surgical approach and regarding the big dimension of the tumor's cervical component we opted to avoid tumor spillage during uterine manipulation with the following measures: we used a big polypropylene graduated cylinder and fixed the device in the 4 cervical quadrants with stiches. For mobilizing uterine corpus, we used an hysterometer involved with bladder catheter placed in the uterus cavity. Radical hysterectomy, para-aortic lymph node dissection and pelvic lymph node debulking were performed uneventfully in 5h 10 min. Pathologic report accused carcinosarcoma with pelvic lymph nodes involvement, parametrial infiltration and free margins (FIGO IIIC). After 6 cycles of carboplatin/paclitaxel and adjuvant radiotherapy, LAGOH maintains one year of outpatient follow-up without evidence of recurrence.

Conclusion While data related with the impact of uterine manipulation in endometrial/uterine corpus cancer is still not available in multiple prospective trials, it is rational to develop strategies to optimize safety of the procedure.

SF006/#205

UPFRONT SURGICAL MANAGEMENT OF LARGE OR NECROTIC MALIGNANT MIXED MULLERIAN TUMORS OF THE ENDOMETRIUM BY A MINIMALLY INVASIVE APPROACH

¹G Feuer*, ²I Mousavi, ²N Lakhi. ¹Atlanta Gynecologic Oncology, Northside Hospital, Atlanta, USA; ²New York Medical College, Department of Obstetrics and Gynecology, Staten Island, USA

10.1136/ijgc-2021-IGCS.50

Introduction Malignant Mixed Mullerian Tumors (MMMT) often present with very large, necrotic tumor burden in the uterus that leads to dilation and effacement of the cervix. In patients with this presentation, conventional hysterectomy poses a much greater challenge as the ureters are comprised by the mass of the tumor and are at an increased risk for injury. Given this surgical challenge, many of these patients may begin with neoadjuvant chemoradiation. However, these treatment modalities are associated with significant toxicity and negatively impact patient quality of life. Therefore, we present a minimally invasive robotic surgical approach that aims to optimize quality of life without sacrificing prognosis.

Description The patient had biopsy proven MMMT. Pre-operative CT scan showed an enlarged uterus with no evidence of

extrauterine disease. On presentation, the cervix was dilated and effaced with extruding disease. Disease was initially reduced transvaginally. Robotic approach included 1) upfront vascular control of pedicles, 2) radical hysterectomy with complete dissection of the ureters secondary to the dilated and effaced cervix, 3) infracolic omentectomy, 4) lymph node dissection, and 5) appendectomy.

Conclusion The patient was debulked to zero residual disease. She was discharged the following day and had no post-operative complications. A robotic approach for staging and complete cytoreduction of bulky Malignant Mixed Mullerian Tumors is feasible with good postoperative outcome.

SF007/#206

A SYSTEMATIC APPROACH FOR ACHIEVING OPTIMAL CYTOREDUCTION OF LOCALLY ADVANCED ENDOMETRIAL CANCER BY A ROBOTIC APPROACH

¹G Feuer*, ²I Mousavi, ²N Lakhi. ¹Atlanta Gynecologic Oncology, Northside Hospital, Atlanta, USA; ²New York Medical College, Department of Obstetrics and Gynecology, Staten Island, USA

10.1136/ijgc-2021-IGCS.51

Introduction This video demonstrates surgical techniques that can be utilized to optimally cytoreduced locally advanced endometrial cancer via a robotic approach.

Description The patient had biopsy proven endometrial adenocarcinoma. Pre-operative CT scan indicated omental caking with involvement of the pelvic peritoneum and uterosacral ligaments. The patient had diagnostic laparoscopy which showed disease limited to the pelvis. Robotic surgical techniques demonstrated include 1) upfront vascular control of pedicles, 2) lateral mobilization of ureters for management of uterosacral disease, 3) peritonectomy for excision of peritoneal lesions, and 4) infracolic omentectomy.

Conclusions/Implication The patient was debulked to zero residual disease. She was discharged the following day and had no post-operative complications. A robotic approach for staging and complete cytoreduction of locally advanced endometrial cancer is feasible with good postoperative and oncological outcome. This video presents a step by step approach for handling these challenging cases.

SF008/#514

EXTRAPERITONEAL SENTINEL LYMPH NODE BIOPSY BY VAGINAL NATURAL ORIFICE TRANSLUMINAL ENDOSCOPIC SURGERY (VNOTES) IN PATIENTS WITH NON-PROLAPSED UTERUS AND LOW-RISK ENDOMETRIAL CANCER

¹YY Ju*, ¹SJ Park, ¹HS Kim, ¹J-W Kim, ²GW Yim. ¹Seoul National University Hospital, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of; ²Dongguk University Ilsan Hospital, Department of Obstetrics and Gynecology, Goyang, Korea, Republic of

10.1136/ijgc-2021-IGCS.52

Introduction To evaluate the feasibility of extraperitoneal sentinel lymph node biopsy (SLNB) by vaginal natural orifice transluminal endoscopic surgery (vNOTES) in patients with a non-prolapsed uterus and low-risk endometrial cancer.

Methods A 54-year old woman visited because of vaginal bleeding that started three months ago. Endometrial biopsy revealed grade 1 endometrioid endometrial cancer, and imaging studies showed no abnormal finding. We tried vNOTES